

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF
United States of America

COURT CASE NUMBER
4:15-CR-4

DEFENDANT
Justin Johnson

TYPE OF PROCESS
arrest check

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONFISCATE

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

FILED
SCRANTON

FEB 06 2015

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

James T. Clancy, Assistant U. S. Attorney
United States Attorney's Office
228 Walnut Street, Suite 220
P. O. Box 11754
Harrisburg, PA 17108

Number of process to be
served with this Form 285 **PER**

DEPUTY CLERK

Number of parties to be
served in this case

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Please please arrest ~~Citizens Bank~~ cashiers check 225234 in the amount of \$75,000.00 (15-FBI-001633). This is in partial payment of the \$165,000.00 money judgment in this matter (15-FBI-001632). Please do not perform final disposition on this asset as a Final Order of Forfeiture has not yet been entered.

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(717) 221-4482

DATE

2/4/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

1

District of
Origin

No. 67

District to
Serve

No. 67

Signature of Authorized USMS Deputy or Clerk

Date

2/6/15

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

2/6/15

Time

11:00

☒ am
☐ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges
including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or
(Amount of Refund*)

REMARKS:

Deposited SADR.

2/6/15

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment.
If any amount is owed, Please remit promptly payable to U.S. Marshal

5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285

Rev. 12/15/80

Automated 01/00